

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 526

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutierrez, Marco, , ,**

Mailing Address 511 N. Depot Road

City  
edenburg

State  
TX

Zip Code  
78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfemployed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11AI.48722

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutierrez, Marco, , ,**

Mailing Address 511 N. Depot Road

City  
edenburg

State  
TX

Zip Code  
78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfemployed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11AI.48723

Amount of Each Receipt this Period

400.00

☐ Memo Item  
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gutierrez, Miguel, , ,**

Mailing Address 224 Lindberg

City  
mcallen

State  
TX

Zip Code  
78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfemployed

Occupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2019

Transaction ID : SA11AI.47891

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00